

Montana Medicaid - Fee Schedule Therapeutic Foster Care

Definitions:

Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

For example:

26 = professional component

TC = technical component

Description – Procedure code description. You must refer to the appropriate official CPT-4 or HCPCS coding manual for complete definitions in order to assure correct coding.

Effective – This is the first date of service for which the listed fee is applicable.

Method – Source of fee determination

Fee Sched: Medicaid fee for listed code

Medicare: Medicare-prevailing fee for listed code. Laboratory services are paid at 60 or 62% of listed fee.

By Report (BR): Equals a percentage of billed charges; percentage depends on provider type and service/supply

PA – Prior Authorization

Y: Prior authorization is required

Space: Prior authorization is not required

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Proc	Modifier	Description	Effective	Method	Fee	Global	PA
Z0643		THERAPEUTIC FAMILY CARE HOME LEAVE MODERATE LEVEL PER DAY	7/1/1999	FEE SCHED	\$39.75		
Z0644		THERAPEUTIC FAMILY CARE HOME LEAVE INTENSIVE LEVEL PER DAY	7/1/1999	FEE SCHED	\$59.27		
Z0676		THERAPEUTIC FAMILY CARE MODERATE LEVEL PER DAY	7/1/1999	FEE SCHED	\$39.75		Y
Z0677		THERAPEUTIC FAMILY CARE INTENSIVE LEVEL PER DAY	7/1/1999	FEE SCHED	\$59.27		Y
Z0678		PERMANENCY THERAPEUTIC FAMILY CARE PER DAY	7/1/1999	FEE SCHED	\$110.00		Y
Z0693		THERAPEUTIC FAMILY CARE ROOM AND BOARD ONLY PER DAY	7/1/1999	FEE SCHED	\$28.42		Y